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## BIB DATA SHEET

CONFIRMATION NO. 9697

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
10/692,724	10/27/2003	424	1657	102258.170 US3
<b>RULE</b>				
<b>APPLICANTS</b> Joseph Loscalzo, Dover, MA; Joseph A. Vita, Hingham, MA; Michael D. Loberg, Boston, MA; Manuel Worcel, Boston, MA;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/679,257 10/07/2003 PAT 7,556,824 which is a DIV of 09/697,317 10/27/2000 PAT 6,635,273 which claims benefit of 60/179,020 01/31/2000 and claims benefit of 60/162,230 10/29/1999 This application 10/692,724 10/27/2003 is a CON of 10/687,706 10/20/2003 PAT 7,537,785 which is a CON of 10/415,136 04/25/2003 PAT 7,235,237 which is a 371 of PCT/US01/14245 05/02/2001 which is a CIP of PCT/US00/29582 10/26/2000 which claims benefit of 60/179,020 01/31/2000 and claims benefit of 60/162,230 10/29/1999				
<b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 02/20/2004				
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and /KAILASH C SRIVASTAVA/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 36
<b>INDEPENDENT CLAIMS</b> 1				
<b>ADDRESS</b> WILMERHALE/NITROMED 1875 PENNSYLVANIA AVE, NW WASHINGTON, DC 20006 UNITED STATES				
<b>TITLE</b> Methods of treating vascular diseases characterized by nitric oxide insufficiency				
<b>FILING FEE RECEIVED</b> 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	